

TOWN OF HILTON HEAD ISLAND

SPECIAL INSPECTION WEEKLY REPORT

Date _____ Building Permit Number _____
Reporting Period of Inspections _____

Project Name _____
Project Address _____
City _____ State _____

Special Inspector _____

Type of Special Inspections Performed or Materials Tested

Check all types that apply and explain. Supply additional detailed information as required on attached documents including deficiencies or changes from approved plans. Indicate all corrections made since the last reporting period.

_____ Steel Construction _____
_____ Concrete Construction _____
_____ Masonry Construction _____
_____ Wood Construction _____
_____ Soils _____
_____ Pile Foundations _____
_____ Pier Foundations _____
_____ Wall Panels and Veneers _____
_____ Spray Fire Resistant Materials _____
_____ Exterior insulation and Finishing Systems (EFIS) _____
_____ Special Cases _____
_____ Smoke Control _____

Quality Assurance Plans Performed

Check all types that apply and explain. Supply additional detailed information as required on attached documents including deficiencies or changes from approved plans. Indicate all corrections made since the last reporting period.

_____ Seismic Resistance _____
_____ Wind Requirements _____
_____ Structural Observations _____

Except where noted on the attached report I certify that I have conducted the Specials Inspections listed and that the work reported on this form is complete and in compliance with the approved construction documents and with the Town of Hilton Head Island's adopted codes.

Print Name _____ Sign Name _____ Date _____